

Appendix 1: Chronic Disease

Part B: Cancer Screenings (5 awards totaling \$750,000 at \$150,000 per award)

IDOH Contact:

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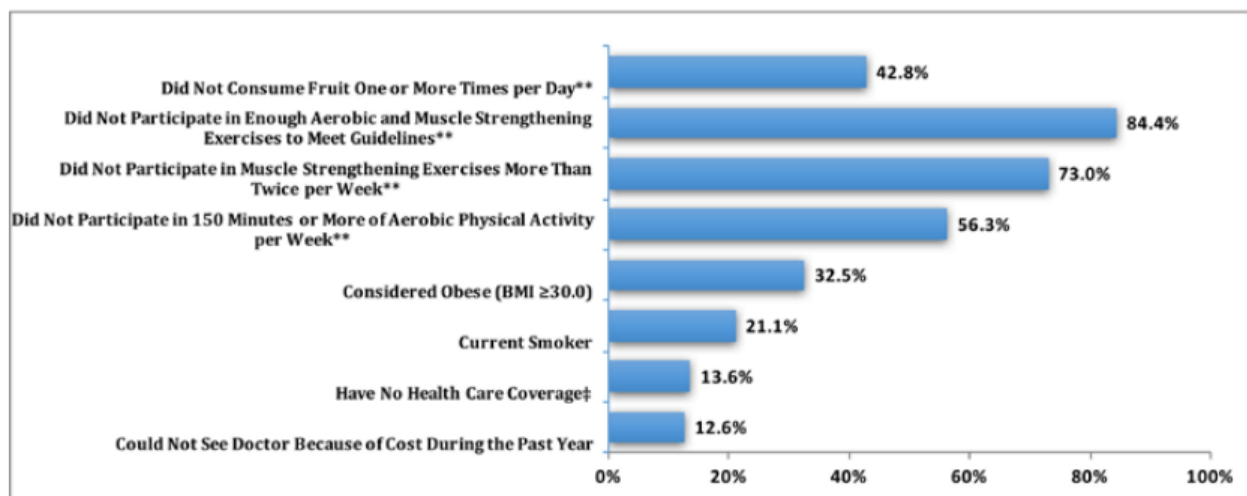
317-234-2945

Background of public health issue

Anyone can get cancer at any age; however, middle, and older aged people are most likely to develop cancer. In Indiana, during 2015, 71.4 percent of all cancer cases occurred among people aged 55–84 (34.5 percent among people aged 55–64, 39.2 percent among people aged 65–74, and 26.3 percent among people aged 75–84).

Many cancers can be prevented by modifying external risk factors and making lifestyle changes, such as eliminating tobacco use, improving dietary habits, increasing physical activity, maintaining a healthy weight, taking advantage of cancer preventative vaccinations, and avoiding excessive sun. Additionally, many cancers can be prevented or identified at an early stage if people receive regular medical care and obtain early detection cancer screenings.

Figure 2. Cancer Risk Factors, Behaviors, and Access to Medical Cancer among Adults* - Indiana, 2016



‡Adults aged 18–64

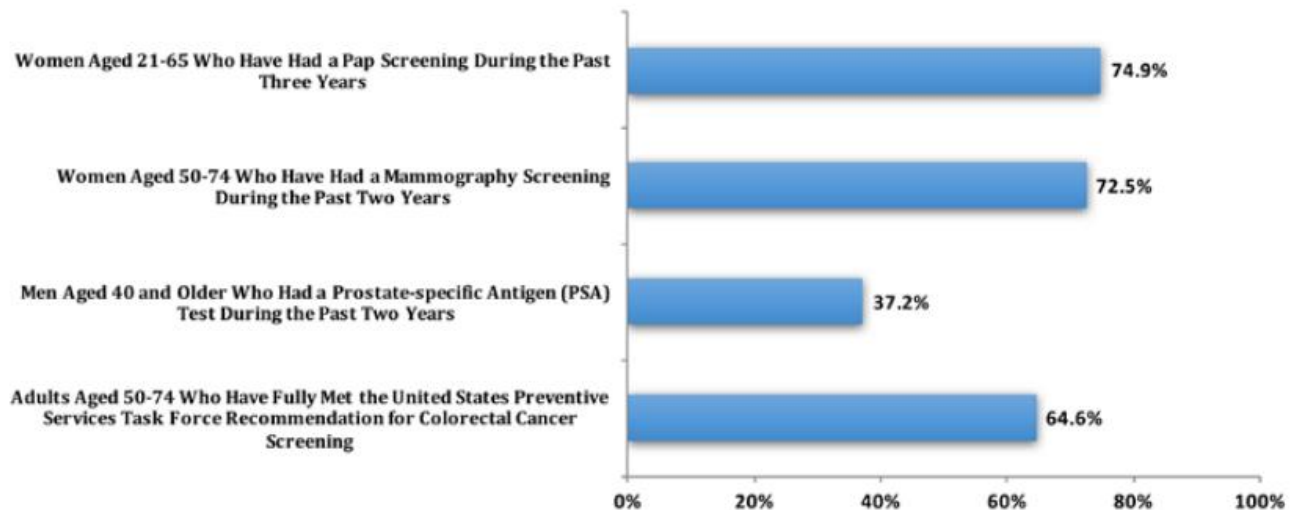
**Data are from 2015

Source: Indiana Behavioral Risk Factor Surveillance System, 2016.

Figure 2 describes the burden of some lifestyle and external factors among Indiana adults.

Figure 3 describes cancer screening rates among Indiana adults.

Figure 3. Cancer Screening Rates—Indiana, 2016



Source: Indiana Behavioral Risk Factor Surveillance System, 2016.

Additional information about cancer risk factors include:

- Tobacco. The ACS estimates that 32 percent of all cancer deaths are caused by tobacco use.² Each of those deaths could have been prevented by not using tobacco products. During 2017, 21.8 percent of Indiana adults were current smokers.

- Body weight, diet, and physical activity. According to the CDC, overweight and obesity are associated with 13 types of cancer, which make up approximately 40% of all diagnosed cancers.⁵ During 2016, 32.5 percent of Indiana adults were considered obese.⁴ Additionally, during 2016, 56.3 percent of Indiana adults did not get the recommended 150 minutes of exercise per week. During 2016, 42.8 percent did not consume fruit one or more times per day and 26.7 percent did not consume vegetables one or more times per day.⁴ Diets low in animal fat and high in fruits and vegetables could help prevent certain cancers.

- Infection with Human Papillomavirus (HPV) and other infectious diseases. HPV is the single greatest risk factor for cervical cancer. The CDC estimates that 21,000 cancer cases each year could potentially be prevented through HPV vaccinations. In all, an estimated 15 to 20 percent of cancers worldwide are related to infectious exposures, such as the hepatitis B virus (HBV), HPV, human immunodeficiency virus (HIV), *Helicobacter pylori* bacteria, and others. Many of these infections can be prevented through behavioral changes or the use of vaccines or antibiotics.

- Sun exposure. Excessive exposure to ultraviolet radiation from the sun or other sources, such as tanning beds, is the greatest risk factor for developing skin cancer. The US Department of

Health and Human Services and the International Agency of Research on Cancer have found that exposure to sun lamps or sunbeds is classified as a known human carcinogen, the same classification as tobacco.

- Health care coverage. Uninsured and underinsured patients are substantially more likely to be diagnosed with cancer at a later stage when treatment can be more extensive and costly. According to the US Census Bureau, approximately 27.3 million Americans, 8.6 percent, were uninsured in 2016 — including 18 percent of Hispanics and 4.5 percent of children (18 years and younger).⁹ For Indiana, in 2016, 8.1 percent of Indiana residents were uninsured, including 19.8 percent of Hispanics and 10.8 percent of Indiana residents aged 18 to 64 years of age were uninsured.
- Screening. Early diagnosis through regular screening examinations saves lives by identifying cancers when they are most curable, and treatment is more successful. Cancers that can be detected by screening include breast, cervix, colon, lung, oral cavity, prostate, rectum, skin, and testicular cancers.

Purpose

The purpose of this offering aims to ensure all Hoosiers are appropriately screened for cancer.

1. Increase the number of aged 50-75years, who have had a mammogram in the past two years from 72.5% to 81.1% in 2021 (HP2020 C-17) (actual 76.6%)
2. Increase the number of Females, aged 21-65 years who have had a pap test within the last three years from 74.9% to 93.0% in 2021 (HP2020 C-15) (actual 80.6%)
3. Increase the number of adults, aged 50-75 years, who have had a colonoscopy, flexible sigmoidoscopy, or blood stool test within the appropriate time frame from 64.6% to 80% in 2021 (HP2020 C-16) (actual 67.9%)
4. Increase the number of adults, aged 55-80 years, who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years.

Description of proposal

1. Please choose one or more programs from the following evidence-based programs and describe how they will be implemented by your organization.
 - Breast
<https://ebccp.cancercontrol.cancer.gov/topicPrograms.do?topicId=102263&choice=default>
<https://www.thecommunityguide.org/search/CANCER>
 - Cervical
<https://ebccp.cancercontrol.cancer.gov/topicPrograms.do?topicId=102264&choice=default>
<https://www.thecommunityguide.org/search/CANCER>
 - Colorectal
<https://ebccp.cancercontrol.cancer.gov/topicPrograms.do?topicId=102265&choice=default>
<https://www.thecommunityguide.org/search/CANCER>

- Lung
<https://ebccp.cancercontrol.cancer.gov/topicPrograms.do?topicId=102271&choice=default>
<https://www.thecommunityguide.org/search/CANCER>
 - Prostate
<https://ebccp.cancercontrol.cancer.gov/topicPrograms.do?topicId=28360573&choice=default>
 - HPV
<https://ebccp.cancercontrol.cancer.gov/topicPrograms.do?topicId=22626661&choice=default>
<https://www.thecommunityguide.org/search/CANCER>
2. Discuss how your organization will use the following strategies to implement your chosen evidence-based program as pertinent to the type of cancer(s) being addressed.
- Promote the importance of cancer screenings through public awareness campaigns
 - Promote the use of reminder/recalls in clinics
 - Promote the Breast and Cervical Cancer Program
 - Encourage the use of motivational interviewing and brief action planning in clinical setting
3. Describe how COVID 19 testing and vaccines will be incorporated into the screening process.

Eligible groups to receive funding

- Hospitals, especially those with diabetes self-management education programs in place,
- Federally Qualified Health Centers,
- Community health centers,
- Associations serving specific populations, including people of color, people over 65 years of age,
- Other non-profit and for-profit community-based organizations

Health equity statement (required): describe populations disproportionately impacted by the specific topic area and how applicant will address these populations specifically/include HE guidance

The incidence rate of cervical cancer among Hispanic women is 32% higher than for white women, and Black women are more likely to die of cervical cancer than any other racial or ethnic group.

Describe how your organization will eliminate screening disparities by tackling structural barriers such as helping people find the location of the nearest facility, assisting them to get there and setting up hours that accommodate people with inflexible work schedules.

In program communication, avoid the following terms, which can be stigmatizing and may imply that the health condition is inherent to the population rather than the underlying causal factors when used as adjectives: *target population, vulnerable, marginalized and high-risk*.

Consider using one or more of these terms: *disproportionately affected, groups placed at higher risk/put at higher risk, groups experiencing disadvantages, groups experiencing disproportionate effects, population of focus, and under-resourced communities*.

Discuss other ways to increase screening including the following:

- Non-Cash Screening Incentives
- Patient Reminders
- Provider Reminder/Recall
- Group Education and Awareness
- One on One education
- Mass Media
- Small Media (dissemination of guidelines, messaging, collaboration with local community leaders to reach vulnerable populations at risk for screening disparities)

Metrics and evaluation of funded activities

1. Measures to be collected regularly:
 - How many participants enrolled (numerator) vs population of cohort (denominator)
 - Number of Attendees/participants (as defined by program)
 - Attendee demographics
 - Number of community-clinical linkages that were made
 - Number of referrals to treatment were made
 - Number of referrals to support services such as behavioral health, housing, food assistance
2. Provide a plan for how you will evaluate the program over a four-year period.

Reference section (data sources, etc.)

https://www.acs4ccc.org/wp-content/uploads/2021/04/Cancer-Plan-Tip-Sheet_Health-Equity_FINAL.pdf